

Reference Number: 104-02-DD

Title of Document ICF/MR Conversion Protocol

Date of Issue: February 25, 2004
Effective Date: February 25, 2004
Last Review Date: May 20, 2009
Date of Last Revision: May 20, 2009

Applicability: Disabilities and Special Needs Boards

PURPOSE:

To clarify procedures for converting the license of an Intermediate Care Facility for the Mentally Retarded (ICF/MR) to a Community Residential Care Facility (CRCF), or Community Training Home II (CTH II) and assure these conversions are in the best interest of the consumers served.

I. ICF/MR TO CRCF CONVERSION

A. RESOURCE INFORMATION

NOTE: DO NOT REQUEST AN ON-SITE INSPECTION FROM DHEC OR SUBMIT A CRCF APPLICATION TO DHEC PRIOR TO STEP #8 BELOW.

1. Contact the Department of Health & Environmental Control (DHEC), Division of Health Licensing, (803) 545-4370, to obtain information or answer questions relating to:

- a. CRCF Application;
- b. Regulation 61-84;
- c. Regulation 61-25;
- d. Exception Form & Listing of State-Wide Exceptions; and
- e. Procedures for Licensing a CRCF.

This information can be obtained from their web site at
<http://www.scdhec.gov/hr/licen/>

2. Contact DDSN, Engineering and Planning Division (803) 898-9796, to obtain, or answer questions relating to:

- a. Applicable building codes;
- b. State-wide Exceptions;
- c. Plan Review Checklist;
- d. Documentation required for Construction;
- e. Documentation required for Final Inspection; and
- f. Architectural & Engineering Guidelines for Design Professionals.

This information can be obtained from the DHECweb site at
<http://www.scdhec.gov/hr/constr/>

3. Contact your local disaster preparedness agency or DHEC Health Licensing (803) 545-4261 to obtain, or answer questions relating to Emergency Disaster Plan requirements. The requirements are noted at <http://www.scdhec.gov/health/licen/emergency.htm>

4. Contact the Department of Labor, Licensing & Regulation, Board of Long Term Care Administrators, (803) 896-4544, to obtain, or answer questions relating to CRCF Administrator requirements. This information can be obtained from their web site at: <http://www.llr.state.sc.us/POL/LongTermHealthCare/>

5. Contact DDSN, District Office ,Waiver Enrollment Coordinator (864-938-3368) to obtain, or answer questions relating to procedures for MR/RD Waiver Slot Allocation and Enrollment.

B. DDSN REVIEW (PART 1)

1. Develop a written conversion plan, approved by board members, outlining:

- a. The justification for conversion;
- b. Acknowledgement that consumers agree to receive MR/RD Waiver services; and meet CRCF level of care criteria and proposal serving those consumer who will not meet CRCF level of care.
- c. Copies of Support Plans and BSPs for consumers residing in ICF/MR proposed to be converted
- d. Commitment to continue to provide all services required by consumers who will reside in converted facility.
- e. Current and projected budgets; and
- f. Proposed utilization of operational savings.
- g. Proposed source of funding of required physical plant renovations.

Note: All consumers who will be living in the CRCF, and who are already assigned a funding band will retain their funding band. New consumers from a regional center will be funded at a Band H Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Funding for Services directive (250-10-DD) for additional details.

2. Once developed, send the written conversion plan to your DDSN District Director. District staff may conduct an on-site review of the facility proposed to be converted. When approved, the District Director will send the plan (along with his/her recommendation) to DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director, will be returned (along with written justification) to the Provider for further consideration.
3. The Division of Cost Analysis & Community Contracts will forward the plan to the Division of Mental Retardation/Related Disabilities for review. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the Division of Mental Retardation/Related Disabilities will be returned (along with written justification) to the Provider for further consideration.
4. The Division of Cost Analysis & Community Contracts will forward the plan to the Director of Budgeting Systems & Director of Engineering and Planning for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. After the on-site review, the Director of Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis & Community Contracts Division.
5. When approved by the Director, Division of Cost Analysis & Community Contracts, he/she will notify the Provider in writing that the plan has received final approval by DDSN.
6. When the plan is not approved by the Director of Cost Analysis & Community Contracts, it will be reviewed by the DDSN Associate State Director of Policy, DDSN Associate State Director of Operations and DDSN Deputy State Director of Administration prior to being returned to the Provider (along with written justification) by the Director of Cost Analysis & Community Contracts Division.

C. DHEC REVIEW (PART 1)

1. Once approval from Director of Cost Analysis and Community Contracts is received, provider should contact DDSN, Engineering and Planning Division to assist in preparing a written request for a DHEC "plan review". A description of the requirement associated with the DHEC plan review are available from the DHEC web site at <http://www.scdhec.gov/health/licen/crcfclk.pdf>

a. Also at this time, submit the documents noted in Step 8 of the DHEC document at <http://www.scdhec.gov/health/licen/hlcrfnea.pdf> to your DHEC Health Licensing inspector noted in Attachment A.

b. At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section 104.2.k. at <http://www.scdhec.gov/administration/regs/docs/61-15.pdf>) to:

South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Services Development
2600 Bull Street
Columbia, South Carolina 29201-1708

2. After the DHEC Health Construction inspector receives the request, they will coordinate the scheduling of the "plan review" meeting and any necessary on-site visits through the DDSN Engineering and Planning Division .

3. When the facility meets the DHEC Health Facilities Construction requirements, DHEC Health Facilities Construction will issue an affidavit to the Division of Health Licensing.

D. DHEC REVIEW (Part 2)

1. Make sure the facility complies with Regulation 61-84 (<http://www.scdhec.gov/administration/regs/docs/61-84.pdf>). Pay close attention to Sections: 2701; 2702; 2704; 2715; 2717.E; 1300; 1700; 1601; 1703; 2716.C; 2717; 2200; 501.F; 1001.A.B; 903.E; 1402; 1307.A; 903.D; 1306.C; 1401.A; 502.A; 401.A.B; 901.A; 1201.A; 704.

2. The regional DHEC Health Licensing inspector within the Division of Health Licensing will contact provider to schedule an on-site inspection.

3. When the facility passes the DHEC Health Licensing review, provider will be issued an effective date/license to operate a CRCF. At this time, a check or money order payable to DHEC (\$10 per licensed bed, or \$75 for 7 or less beds) should be submitted to the regional DHEC Health Licensing inspector within the Division of Health Licensing.

4. Complete necessary documentation to secure a Medicaid MR/RD or HASCI waiver slot for consumers in facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND NOTIFICATION OF WAIVER ENROLLMENT BE RECEIVED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A**

CRCF. Contact District Office Waiver Enrollment Coordinator at (864) 938-3292 for any questions regarding the waiver slot awarding process.

5. Within 30 days of conversion, submit notice of ICF/MR to CTH II conversion to:

Division Director
South Carolina Department of Health and Human Services
Division of Community and Facility Services
Post Office Box 8206
Columbia, South Carolina 29202

6. Once the CRCF license has been issued, return the original ICF/MR license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/MR records will be maintained to:

Director
South Carolina Department of Health and Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, South Carolina 29201

and copy:

ICF/MR Program Manager Supervisor
South Carolina Department of Health and Environmental Control
Certification Division
2600 Bull Street
Columbia, South Carolina 29201.

7. Notify the DDSN Director of Cost Analysis at 803-898-9806, to initiate a change in your DDSN/Provider contract.

II. ICF/MR to CTH CONVERSION:

A. RESOURCE INFORMATION

1. Contact DDSN (803) 898-9691, to obtain DDSN residential standards and licensing application form.

The residential standards as well as all DDSN policies can be obtained from the following website at <http://www.ddsn.sc.gov/aboutddsn/directivesandstandards/>. The licensing application is an attachment to DDSN Policy 104-01-PD.

2. Contact DDSN, District Office ,Waiver Enrollment Coordinator (864-938-3368) , for questions related to procedures for MR/RD Wavier Slot Allocation and Enrollment.

B. DDSN REVIEW (PART 1)

1. Develop a written conversion plan, approved by board members, outlining:

- a. The justification for conversion;
- b. Acknowledgement that consumers agree to receive MR/RD Waiver services.
- c. Copies of Support Plans and BSPs for consumers residing in ICF/MR proposed to be converted
- d. Commitment to continue to provide all services required by consumers who will reside in converted facility.
- e. Current and projected budgets; and
- f. Proposed utilization of operational savings.
- g. Proposed source of funding of required physical plant renovations.

Note: All consumers who will be living in the CTH II, and who are already assigned a funding band will retain their funding band. New consumers from a regional center will be funded at a Band H Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Funding for Services directive (250-10-DD) for additional details.

2. Send the written conversion plan to the DDSN District Director. District staff may conduct an on-site review of the facility proposed to be converted. When approved, the District Director will send the plan (along with his/her recommendation) to DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director will be returned (along with written justification) to the Provider for further consideration.

3. The Division of Cost Analysis & Community Contracts will forward the plan to the Division of Mental Retardation/Related Disabilities for review. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the Division of Mental Retardation/Related Disabilities will be returned (along with written justification) to the Provider for further consideration.

4. The Division of Cost Analysis & Community Contracts will forward the plan to the Director of Budget & Engineering for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion.

5. After the on-site review, the Director of Budget & Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis & Community Contracts Division. When approved by the Director, Division of Cost Analysis & Community Contracts, he/she will notify the Provider in writing that the plan has

received final approval by DDSN.

6. When the plan is not approved by the Director of Cost Analysis & Community Contracts Division, it will be reviewed by the DDSN Associate State Director of Policy, the DDSN Associate State Director of Operations and the DDSN Deputy State Director of Administration prior to being returned to the Provider (along with written justification) by the Director of Cost Analysis & Community Contracts Division.

C. DDSN REVIEW (PART 2)

1. Once the conversion plan has been approved by DDSN, a CTH II application should be submitted to:

South Carolina Department of Disabilities and Special Needs
Quality Management Division
Post Office Box 4706
Columbia, South Carolina 29240.

At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section 104.2.k. at <http://www.scdhec.gov/administration/regs/docs/61-15.pdf>) to:

South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Services Development
2600 Bull Street
Columbia, South Carolina 29201-1708

2 DDSN Division of Quality Management will notify you of the on-site inspection date/time.

3. Complete necessary documentation to secure a Medicaid MR/RD or HASCI waiver slot for consumers in facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND NOTIFICATION OF WAIVER ENROLLMENT BE RECEIVED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A CRCF.** Contact District Office Waiver Enrollment Coordinator at (864) 938-3292 for any questions regarding the waiver slot awarding process.

4. Within 30 days of conversion, submit notice of ICF/MR to CTH II conversion to:

Division Director
South Carolina Department of Health and Human Services
Division of Community and Facility Services
Post Office Box 8206
Columbia, South Carolina 29202

4. Once a CTH II license and/or certificate has been issued, return the original ICF/MR license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/MR records will be maintained, to:

Division Director
South Carolina Department of Health and Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, South Carolina 29201

and copy to:

ICF/MR Program Manager Supervisor
Certification Division
2600 Bull Street
Columbia, South Carolina 29201

5. Notify the DDSN Director of Cost Analysis & Community Contracts Division at 803-898-9806, to initiate a change in your DDSN/Provider contract

Kathi K. Lacy, Ph.D.
Associate State Director
Policy

Eugene A. Laurent, Ph.D.
Interim State Director
(Approved)

Attachments: To view the attachment, please see the “Attachments to Directives” page of the agency website under this directive number.

Attachment A - DHEC HEALTH LICENSING INSPECTORS